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Group Art Unit 3629

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Atty Docket No. 020375-032410US

JUL 26 2005

OFFICIAL COMMUNICATION**CERTIFICATION OF FACSIMILE TRANSMISSION**


I hereby certify that the following documents in re Application of Charles Whitaker, et al., Application No. 10/675,929, filed September 29, 2003 for SYSTEMS AND METHODS FOR VERIFYING MEDICAL INSURANCE COVERAGE are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form (1 page); and
2. Status Request Letter (1 page).

Number of pages being transmitted, including this page: 3

Dated: July 25, 2005


Aurora Lowell, Assistant to
Irvin E. Branch, Reg. No. 42,358

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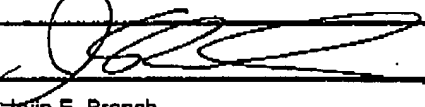
TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
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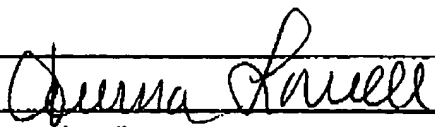
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PTO/SB/21 (09-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/675,929
	Filing Date	September 29, 2003
	First Named Inventor	Whitaker, Charles
	Art Unit	3629
	Examiner Name	Unassigned
	Attorney Docket Number	020375-032410US
Total Number of Pages in This Submission	3	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Tables on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Irvin E. Branch		
Date	July 25, 2005	Reg. No.	42,358

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Aurora Lowell	Date	July 25, 2005

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PATENT
Docket No.: 020375-032410US

TOWNSEND and TOWNSEND and CREW LLP

By: Aurora Lowell

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Charles Whitaker, et al.

Application No.: 10/675,929

Filed: September 29, 2003

For: SYSTEMS AND METHODS FOR
VERIFYING MEDICAL INSURANCE
COVERAGE

Examiner: Unassigned

Art Unit: 3629

STATUS REQUEST LETTER

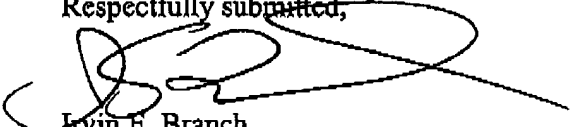
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The above application was filed on September 29, 2003. On July 13, 2004 this Application was dispatched from OIPE. To date, no Office Action has issued from an Examiner.

Please advise us of the status of this application.

Respectfully submitted,


Irvin E. Branch
Reg. No. 42,358

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